

JAN 12 2004

**FEES TRANSMITTAL
FOR FY 2003**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

<i>Complete if Known</i>	
Application Number	09/811,838
Filing Date	March 19, 2001
First Named Inventor	Miller et al
Examiner Name	Laura Lynne Stockton
Art Unit	1626
Attorney Docket No.	20609/181 (PD-98076)

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TECH CENTER 1600/2900

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001 385 Utility filing fee	<input type="text"/>
1002	340	2002 170 Design filing fee	<input type="text"/>
1003	530	2003 265 Plant filing fee	<input type="text"/>
1004	770	2004 385 Reissue filing fee	<input type="text"/>
1005	160	2005 80 Provisional filing fee	<input type="text"/>

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	-20** = <input type="text"/> X <input type="text"/> = <input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	-3** = <input type="text"/> X <input type="text"/> = <input type="text"/>	<input type="text"/>
Multiple Dependent		X <input type="text"/> = <input type="text"/>	<input type="text"/>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee	Fee
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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January 8, 2004
Date

Wendy L. Barry
Signature
Wendy L. Barry
Typed or printed name

SUBMITTED BY

Complete (if applicable)

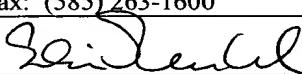
Name (Print/Type)	Edwin V. Merkel	Registration No. (Attorney/Agent)	40,087	Telephone	(585) 263-1128
Signature	<i>Edwin V. Merkel</i>			Date	January 8, 2004

SEND TO: Commissioner for Patents
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Alexandria, VA 22313-1450



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/811,838
		Filing Date	March 19, 2001
		First Named Inventor	Miller et al
		Group Art Unit	1626
		Examiner Name	Laura Lynne Stockton
Total Number of Pages in This Submission	18	Attorney Docket Number	20609/181 (PD-98076)

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement, PTO-1449 form and 37 References <input checked="" type="checkbox"/> Copy of International Search Report <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
			<input type="checkbox"/> Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600	
Signature	 Registration No. 40,087	
Date	January 8, 2004	

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<u>January 8, 2004</u>		 Signature Wendy L. Barry Typed or printed name